

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City		1050	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Memorial Hosp.				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print)		a. (First) Daniel		b. (Middle) Casper		c. (Last) Myers	
4. DATE OF DEATH		(Month) Jan.		(Day) 8,		(Year) 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 10, 1866	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months --- Days ---		IF UNDER 1 HRS. Hours --- Min. ---			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Henry Myers		13b. MOTHER'S MAIDEN NAME Mary Anna Pfeiffer		14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Myers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clare Chapman, Green City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + arteriosclerosis DUE TO (c) 381x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Occlusion of femoral artery 3 days				INTERVAL BETWEEN ONSET AND DEATH 8 days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 31, 1950 , to Jan 8, 1951 , that I last saw the deceased alive on Jan 8, 1951 , and that death occurred at 2:40 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George E. Grim M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 1-11-51	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Jan. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.		24d. LOCATION (City, town, or county) (State) Green City, Mo.	
DATE REC'D BY LOCAL REG. 1-11-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stenn E. Kent & Son, Green City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 T. E. MUR

SEP 27 1951

JAN 15 1951

JAN 9 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 1-51-99
Date Filed: JAN 21 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Grum City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.